

Work Order ID 104410

July-09-13 12:55:48 PM

6 8.9712

B104410

\*104410\*

Page 1

Item ID: 646.9712

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Body

Start Date: 7/09/13

Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 7/09/13

Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12-07-10

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

646.9700

REV 5

100

0.00

\*100\*

BAND SAW

MH

13/07/10

12

Bandsaw

Memo

0.00

Jeaspa Bandsaw

Cut Blank at 7.425"

110

0.00

\*110\*

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

HAAS CNC vertical machine #1

1-Machine per folio FB199

DWG REV: B

FOLIO REV: AA

B.A 13/08/07  
CHK 13/08/08

12

2- deburr and break all sharp edges

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 104410

\*104410\*

Page 2

July-09-13 12:55:48 PM

Item ID: 646.9712

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Body

Start Date: 7/09/13

Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 7/09/13

Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120

QC2- Inspect parts off machine FAI/FAIB

0.00

OK 13/08/08

\*120\*

QC

Memo

0.00

12

Quality Control

130

QC8- Inspect parts - second check

0.00

\*130\*

QC

Memo

0.00

12

SLB-8-9

Quality Control

131

0.00

\*131\*

HandFinish

Memo

0.00

Hand Finishing

Clean &amp; remove markings (acid etch only)

N/A

CZ 13/08/14 12

see e-mail attached

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
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# Work Order ID 104410

\*104410\*

Page 3

July-09-13 12:55:48 PM

Item ID: 646.9712

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Body

Start Date: 7/09/13

Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 7/09/13

Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Run Start \*NR1\*

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop \*NR2\*

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

\*140\*

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O to ATG : 20929

1- Black Anodize as per Dwg 646.9700

2- PRIME AS PER DWG. SEE NOTE #2

Certification of Conformity is required

CZ 13/08/14 (12)

150

Receive & Inspect for Damage & Mat'l Certs

0.00

\*150\*

Packaging

Memo

0.00

Packaging

13/8/10 (12)

155

QC5- Inspect part completeness to step on W/O

0.00

\*155\*

QC

Memo

0.00

Quality Control

DAS  
27  
9-89  
13.8.30

12

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
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Training									
Transport									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
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Work Order ID 104410

\*104410\*

Page 4

July-09-13 12:55:48 PM

Item ID: 646.9712

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Body

Start Date: 7/09/13

Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 7/09/13

Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Identify as per dwg & Stock Location: <u>MF</u>	0.00							
*180*									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								
190	QC21- Final Inspection - Work Order Release	0.00							
*190*									
QC	Memo	0.00							
Quality Control									

12x

138-30

13/9/30

13-08-30

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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### FAULT CATEGORY

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# Picklist Print

July-09-13 12:55:47 PM

Page 1

Work Order ID: 104410

Parent Item: 646.9712

Parent Item Name: Body

Start Date: 7/09/13

Required Date: 7/09/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP REV:A NEW ISSUE 13-06-20 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B5.000X1.000		Purchased	No				f	27.3300		5.2210526			
7075-T6 BAR 5.000" X 1.000"													

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT008	27.33	
125554	7.25	
M125997	20.08	

7.796 MH 13/07/13

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence  <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	--	---

**APICAL**  
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03967

SHEET 1 OF 2

DWG NO. 646.9700

REV: A

PREPARED BY: J. BECKER

DATE: 07/03/13

EFFECT ON DWG  
☒ INC. ☐ UNINC.

DWG TITLE: CUTTER SUB ASSY

APPROVED BY:

ENGR *[Signature]*

MFG

*[Signature]*

QC

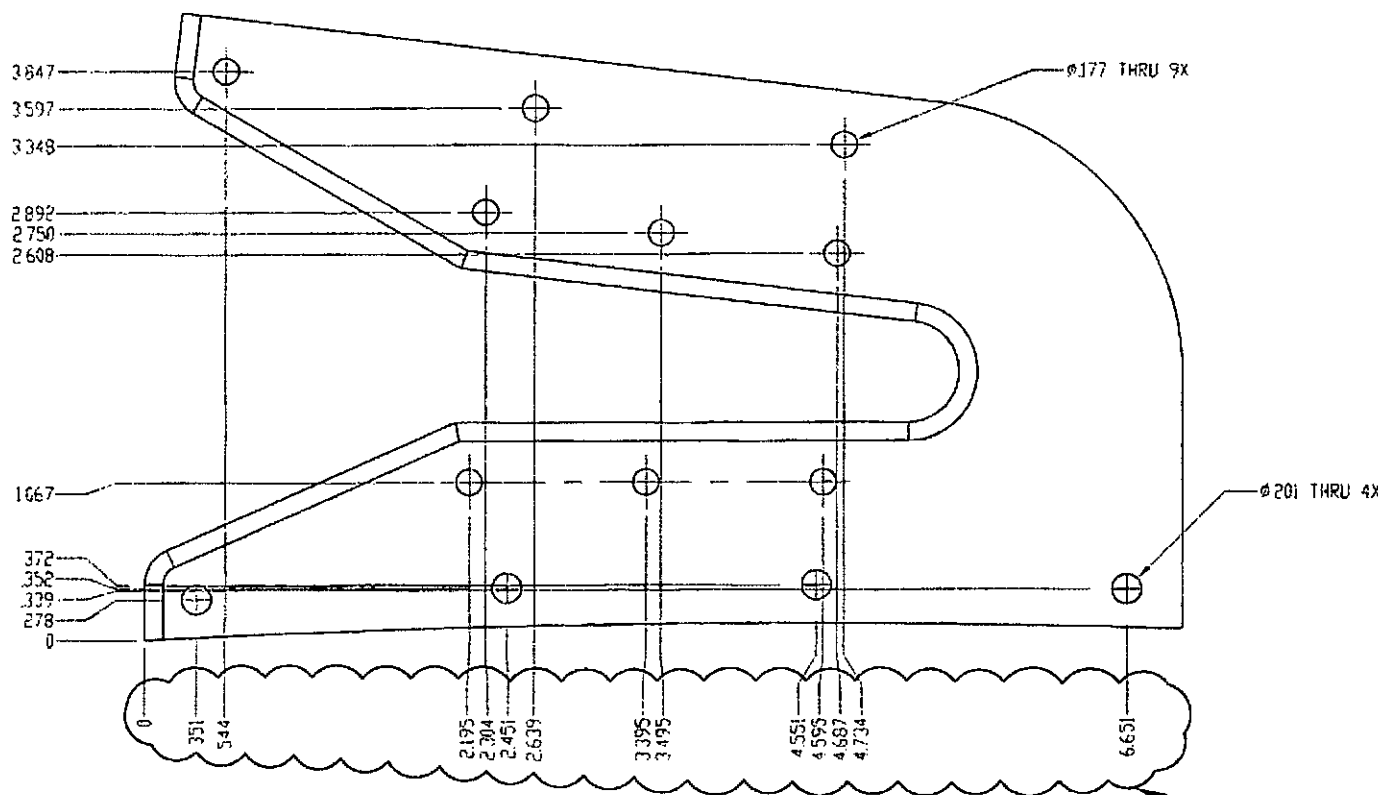
*[Signature]*

EFF:

CURRENT ORDER

TRANSACTION CODES (TC):  
A-ADD C-CREATE  
R-REVISE D-DELETE

REASON: ADDED DIMENSIONS. ADDED INSPECTION DIMENSIONS.



SHEET 4, ZONE D5:

WAS

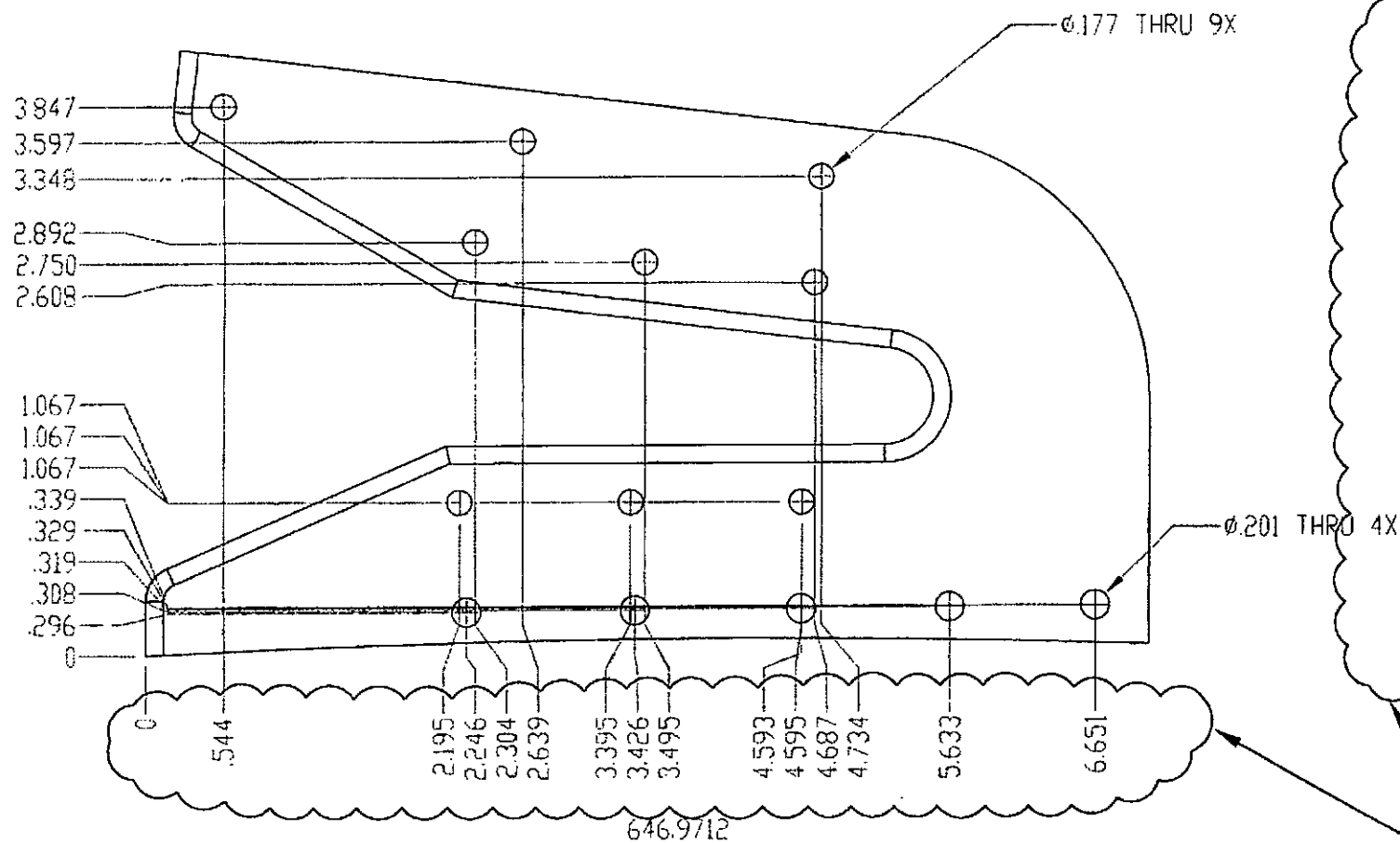
DOCUMENTS EFFECTED:

☐ MDL ☐ INSTALL INSTRUC ☐ ICA ☐ BOM

CHANGE CATEGORY  
☐ MAJOR ☒ MINOR

DER REVIEW REQUIRED  
☐ YES ☒ NO





WAS

**SHEET 6, ZONE B6, C4:**



1      2      3      4      5      6      7      8

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REVISED		DATE	APPROVED
REV	DESCRIPTION		
1	ISSU PROCEDURE REVISION PPS		HCC
MFC	FINAL RELEASE	08/20/01	P. BLAYVO
A	(INCORPORATED ECH EFF 11-01-00) QTR 12		P. BLAYVO
B	(INCORPORATED ECH EFF 11-01-00)	08/20/12	P. BLAYVO

NOTES:

- △ MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12
- △ FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
CLASS 2, COLOR BLACK;  
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER;  
PRIME IAW MIL-P-23377J TYPE I CLASS N: 1-2 MIL MAX
- △ MATERIAL: AISI A2 TOOL STEEL  
CONDITION: ANNEALED  
POST PROCESS: HEAT TREAT TO 58-62 Rc ROCKWELL HARDNESS
- △ FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N: 1-2 MIL MAX
- 5. DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED
- 6. IDENTIFY IAW MPP-120
- △ APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 2 UPON ASSEMBLY
- △ CUTTING EDGE INTENDED TO BE SHARP. DO NOT BREAK SHARP EDGE
- △ ALL DIMENSIONS NOT SPECIFIED ARE CONTROLLED BY 646.9710.

646.9701  
or  
646.9702

1	7	646.9712	BODY [U CHANNEL]	△	△
6	6	601.1541	LOCKNUT	WZ1047LDB	
A/R	A/R	5	601.2764	RTV, LOCITE 59B	
12	12	4	601.2764	WASHER	WZ1047MDFP
6	6	3	601.2745	SCREW	WZ1047MBP
2	2	2	646.9711	BLADE	△ △
	1	1	646.9710	BODY	△ △
			646.9702	CUTTER SUB ASSY IN CHAIN	
			646.9701	CUTTER SUB ASSY	
PROD	POD	RNC #	PART #	DESCRIPTION	MAT'L SPEC.
QTY				PARTS LIST	
NEXT ASSY (S)					
646.9600					
646.9700					
<b>APICAL INDUSTRIES</b> 2508 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300					
<b>CUTTER SUB ASSY</b>					
UNLESS OTHERWISE SPECIFIED CONNECTIONS ARE AS SHOWN CUTTING FLANK 2 PLACES DECIMALS 1.01 3 PLACES DECIMALS 1.006 UNLESS OTHERWISE SPECIFIED					
SHEET	CAD FILE NO.	DWG. NO.	REV		
1	07/02/6	646.9700	1		
SCALE: NONE			SHEET 1 OF 6		

RYEON			
REV	DESCRIPTION	DATE	APPROVED
1	ISS PROCEED RYON 193		HC
2	INITIAL RELEASE	05/09/01	2. BLAWO
3	INCORPORATED ECH 07/41 03/08 02/12	06/06/01	2. BLAWO
4	INCORPORATED ECH 03/01	07/02/12	2. BLAWO

1 MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12

2 FINISH: HARD ANODIZE 1AW MIL-A-8625 TYPE III.  
CLASS 2, COLOR BLACK;  
PRETREAT PKC-DESOTO PR-148 ADHESION PROMOTER;  
PRIME 1AW MIL-P-23377J TYPE I CLASS N: 1-2 MIL MAX

3 MATERIAL: AISI A2 TOOL STEEL  
CONDITION: ANNEALED  
POST PROCESS: HEAT TREAT TO 58-62 Rc ROCKWELL HARDNESS

4 FINISH: PRIME 1AW MIL-P-23377J TYPE I CLASS N: 1-2 MIL MAX

5. DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED

6. IDENTIFY 1AW MPP-120

7. APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 2 UPON ASSEMBLY

8. CUTTING EDGE INTENDED TO BE SHARP, DO NOT BREAK SHARP EDGE

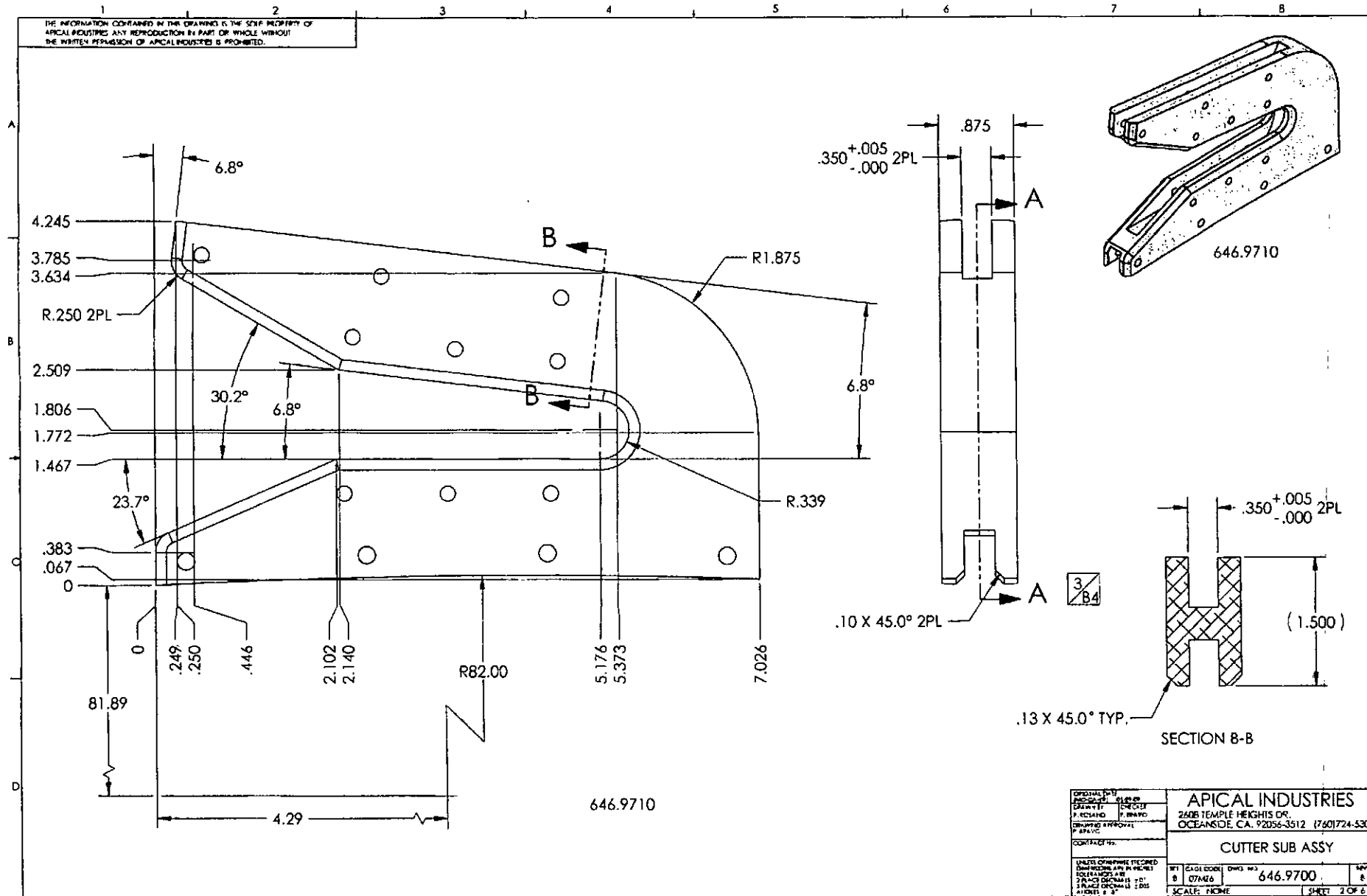
9. ALL DIMENSIONS NOT SPECIFIED ARE CONTROLLED BY 646.9710.

1	6	5	646.9712	BODY (U CHANNEL)	△	△		
A/R	A/R	5	601.1541	LOCKNUT	W321042108			
12	12	4	601.2764	RTV. LOCITE 598				
8	6	3	601.2764	WASHER	W31116114877			
2	2	2	601.2745	SCREW	W327239 0510			
	1	1	646.9711	BLADE		△		
			646.9710	BODY	△	△		
			646.9702	CUTTER ASSY FOR CHANNEL				
			646.9701	CUTTER SUB ASSY				
9702	9701	FINC P	PART #	DESCRIPTION	MATL	SPEC.		
QTY				PARTS LIST				
NEXT ASSY (S)				APICAL INDUSTRIES				
646.9600				2608 TEMPLE HEIGHTS DR.				
646.9700				OCEANSIDE, CA 92036-3512 (760)724-5300				
				CUTTER SUB ASSY				
				646.9700				
MATERIALS 1. 2" X 1/2" X 1/4" ALUMINUM ANGLE 2. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 3. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 4. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 5. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 6. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 7. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 8. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 9. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 10. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 11. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 12. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 13. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 14. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 15. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 16. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 17. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 18. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 19. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 20. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 21. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 22. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 23. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 24. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 25. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 26. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 27. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 28. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 29. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 30. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 31. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 32. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 33. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 34. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 35. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 36. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 37. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 38. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 39. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 40. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 41. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 42. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 43. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 44. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 45. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 46. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 47. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 48. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 49. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 50. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 51. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 52. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 53. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 54. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 55. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 56. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 57. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 58. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 59. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 60. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 61. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 62. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 63. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 64. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 65. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 66. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 67. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 68. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 69. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 70. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 71. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 72. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 73. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 74. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 75. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 76. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 77. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 78. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 79. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 80. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 81. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 82. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 83. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 84. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 85. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 86. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 87. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 88. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 89. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 90. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 91. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 92. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 93. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 94. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 95. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 96. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 97. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 98. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 99. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 100. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 101. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 102. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 103. 1/2" X 1/2" X 1/4" ALUMINUM ANGLE 104.				SET 1	CAJ COOL	DNV NO	646.9700	REV B
				SCALE	INCHES	1 SHEET 1 OF 6		





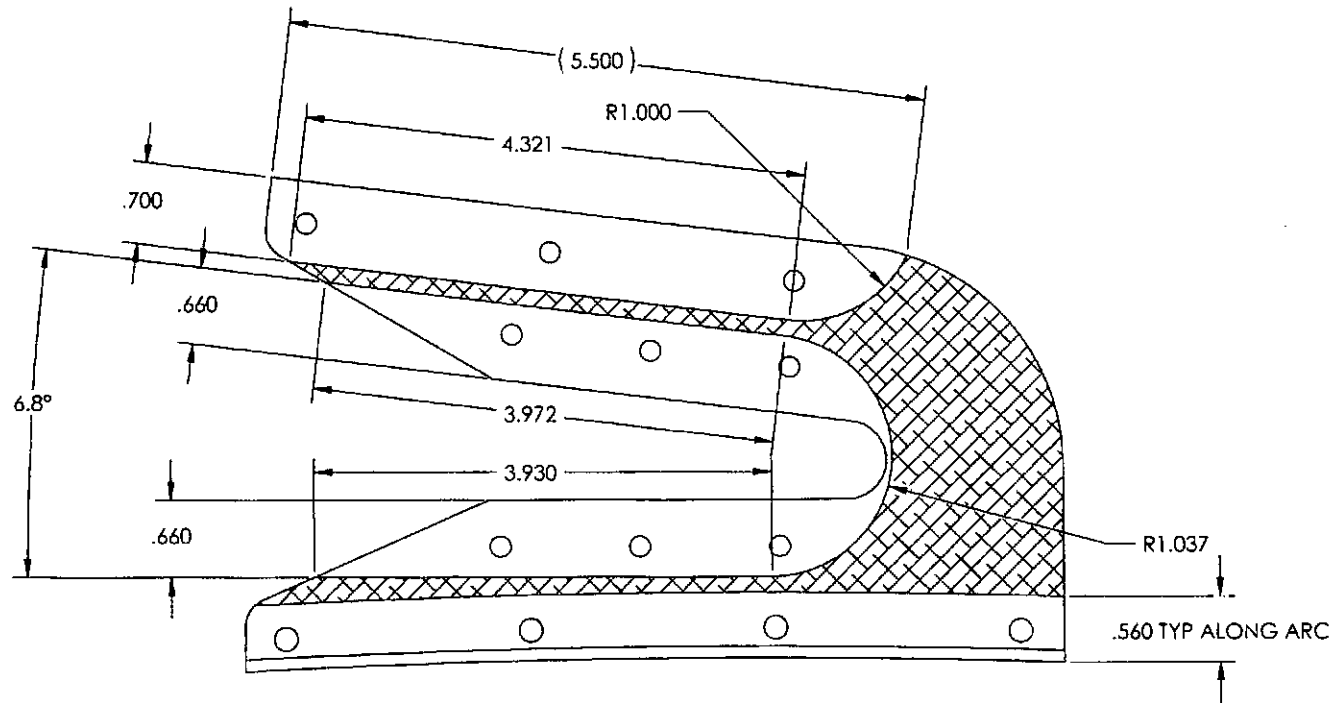
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<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
CUTTER SUB ASSY	
DESIGNED BY: _____ DRAWN BY: _____ P. ECKLAND P. BARNY CHECKED BY: _____ APPROVED BY: _____ DATE: _____	WT: 0.000000 DIMS: 1/16" 8 07/01/06 646.9700 8 SCALE: NONE SHEET: 2 OF 6



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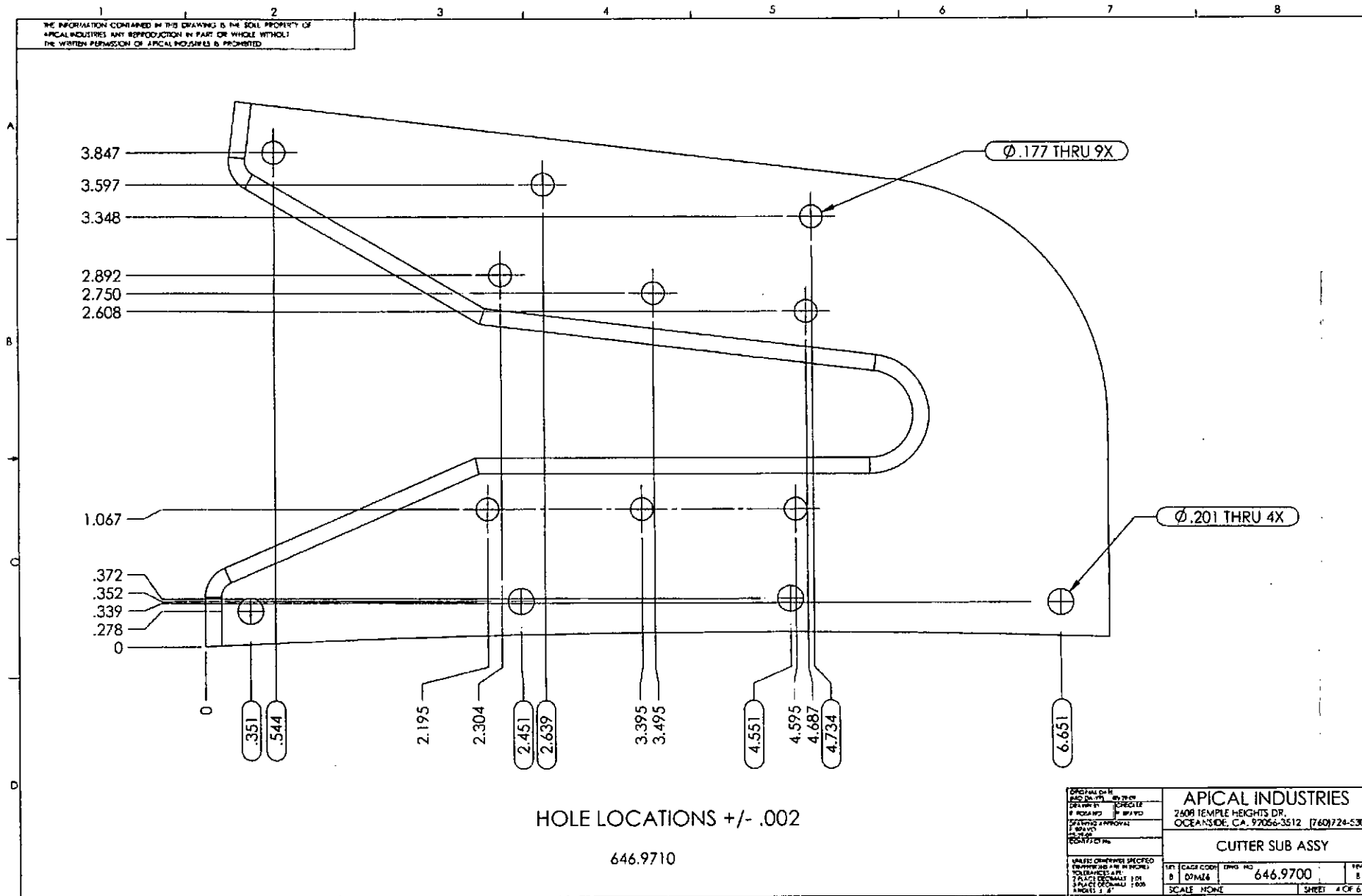
SECTION A-A

646.9710

DREW BY: J. L. J. JR. CHECKED BY: J. L. J. JR. DESIGNED BY: J. L. J. JR. DATE: 10/1/86 SCALE: 1" = 1"		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 774-5300	
PART NAME: CUTTER SUB ASSY PART NO: 646.9710 REV: 0 DATE: 10/1/86		SHEET: 3 OF 6	

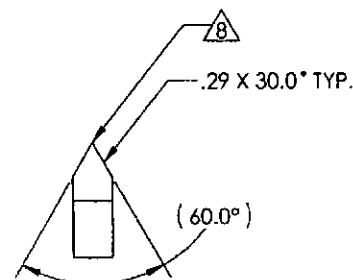
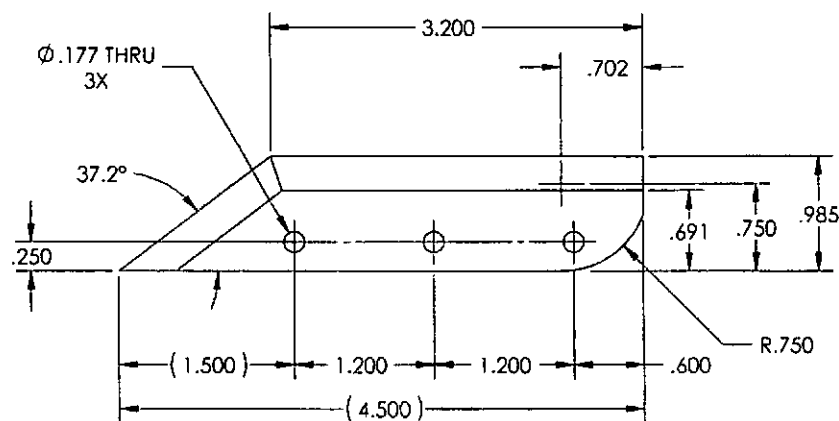
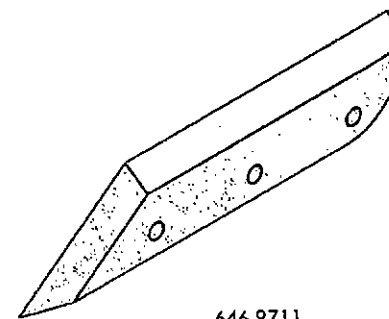
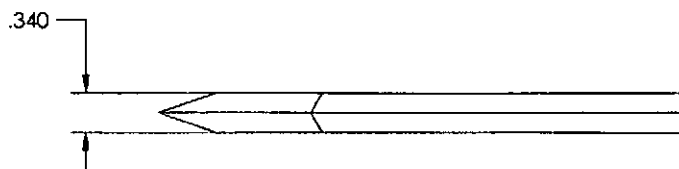


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646.9711

DESIGNED BY: [blank] DRAWN BY: [blank] CHECKED BY: [blank] DATE: [blank]		<b>APICAL INDUSTRIES</b> 2606 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWING APPROVAL: [blank]		<b>CUTTER SUB ASSY</b>	
PARTS LIST: [blank] QUANTITIES: [blank] MATERIALS: [blank] FINISHES: [blank] DIMENSIONS: [blank]		QTY: 1 PART NO: 646.9700	SHEET: 5 OF 6





<b>DART AEROSPACE LTD</b>		<b>Work Order:</b> 104410
<b>Description:</b> RDDY		<b>Part Number:</b> 646.9712
<b>Inspection Dwg:</b> 646.9700 Rev: B		<b>Page 1 of 1</b>

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
.296	±.002	.297	—		H-6	31006
.308	±.002	.309	—		"	
.319	±.002	.320	—		"	
.329	±.002	.330	—		"	
.339	±.002	.340	—		"	
1.067	±.002	1.068	—		"	
2.750	±.002	2.751	—		"	
3.348	±.002	3.349	—		"	
3.847	±.002	3.848	—		"	
.544	±.002	.545	—		"	
2.246	±.002	2.246	—		"	
2.639	±.002	2.640	—		"	
3.426	±.002	3.426	—		"	
4.593	±.002	4.593	—		"	
4.687	±.002	4.687	—		"	
5.633	±.002	5.632	—		"	
6.651	±.002	6.651	—		"	
Ø.201	±.005	Ø.201	—		Vern	M1-06
Ø.177	±.005	Ø.177	—		"	
.350	±.005	.352	—		"	
.875	±.005	.880	—		"	
4.245	±.005	4.245	—		"	
7.026	±.005	7.026	—		"	

<b>Measured by:</b> <i>AMF</i>	<b>Audited by:</b> <i>SL</i>	<b>Preliminary Approval:</b>
<b>Date:</b> 13/08/08	<b>Date:</b> 13-8-9	<b>Date:</b>

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

*10.04.15*







## Chantal Lavoie

---

**From:** Nigel Forbes  
**Sent:** Wednesday, August 14, 2013 8:05 AM  
**To:** Chantal Lavoie  
**Subject:** ATG

Hi,  
As discussed, all parts going to ATG do not require cleaning prior to the delivery. ATG will clean and prepare the parts prior processing.  
Thanks1

Nigel





## Number: 62596

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

**DART AEROSPACE LTD**  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

**Fax: 613-632-1185**

**Ph: 613-632-5200**

**Fax: 613-632-1185**

Page 1 of 1

